

PARENT SCREENING FORM FOR EARLY FOLLOW-UP OF BREASTFED INFANTS

Name: _____

Date: __/__/__ Days Postpartum

The following questions are designed to help determine whether you are off to a successful start with breastfeeding. Please complete this form when your infant is 4 - 6 days old.

If you circle any answers in the right hand column, call _____ for advice.
When breastfeeding problems are identified early, they are easier to correct.

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| Call for Help! |
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| 1. | Do you feel breast-feeding is going well for you so far? | Yes | No |
| 2. | Has your milk come in yet, (i.e., did your breasts get firm and full between the 2nd to 5th post partum day)? | Yes | No |
| 3. | Is your baby able to latch on to both breasts without difficulty | Yes | No |
| 4. | Is your baby able to sustain rhythmic suckling for at least 10 minutes total per feeding? | Yes | No |
| 5. | Does your baby usually demand to feed? (Answer No if you have a sleepy baby who needs to be awakened for most feedings.) | Yes | No |
| 6. | Does your baby usually nurse at both breasts at each feeding? | Yes | No |
| 7. | Does your baby nurse approximately every 2-3 hrs, with no more than one long interval of up to 5 hrs at night (at least 8 feedings each 24 hrs)? | Yes | No |
| 8. | Do your breasts feel full before feedings | Yes | No |
| 9. | Do your breasts feel softer after feedings? | Yes | No |
| 10. | Are your nipples extremely sore (i.e., causing you to "dread" feedings)? | No | Yes |
| 11. | Is your baby having yellow bowel movements that resemble a mixture of cottage cheese and mustard? | Yes | No |
| 12. | Is your baby having at least 4 good-sized bowel movements each day(i.e., more than a "stain" on the diaper)? | Yes | No |
| 13. | Is your baby wetting his/her diaper at least 6 times each day? | Yes | No |
| 14. | Does your baby appear hungry after most feedings (i.e., sucking hands, rooting, crying, often needing a pacifier, etc.)? | No | Yes |
| 15. | Do you hear rhythmic suckling & frequent swallowing while your baby nurses? | Yes | No |